C:e. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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Γ	1 File Number U - 6777	Ì

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 575	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Jeffrey Benavidez	Name International Association of Iron Workers #66			
	Labor Organization File Number 023-625			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 4318 Clark Ave.	Street 4318 Clark Ave.			
City San Antonio	City San Antonio			
State Texas ZIP Code +4 78223	State Texas ZIP Code + 4 78223			
5. Position in labor organization. Business Manager				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	•			
Street	7.b. Amount.			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Jeffrey Banunicles	On 8-11-05			
	Date Telephone Number			

Name of Person Filing Jeffrey Benavide 2	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Davis & Selwyn Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 4050 Street 1600 Smith Street City Houston State Texas ZIP Code + 4 77002	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Texas Ironworkers Trust Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 400	Fund Counsel				
Street 9555 W. Sam Houston Pkwy S	11.b. Approximate dollar value of such dealing. \$237,641				
City Houston	12.a. Nature of interest held or income received.				
State Texas ZIP Code + 4 77099	April 18 Golf at Falconhead Golf Club				
	12.b. Amount. \$8				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
Expression control con					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				